IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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Attorney Docket No.: 116917

Date: August 21, 2003

MAIL STOP PATENT APPLICATION

Customer Number: 25944

NONPROVISIONAL APPLICATION TRANSMITTAL RULE \$1.53(b)

Commissioner for Patents P.O. Box 1450

Alexandria, VA 22313-1450

Sir

Transmitted herewith for filing under 37 C.F.R. §1.53(b) is the nonprovisional patent application

For (Title): BALLOON FOR LIGHTED SIGN COMPRISING AN INFLATABLE ENVELOPE WITH SELF-REGULATED INTERNAL PRESSURE

Pierre CHABERT; Claude JULLIN; Jerome RUTY; Pascal BORDAZ

By (Inventors):

| \boxtimes | Formal drawings (Fig | s. 1-6; 5 sheets) are attached. |
|-------------|----------------------|---------------------------------|
| _ | Use Figure | for front page of Publication |

A Declaration and Power of Attorney is filed herewith.

This application claims benefit of Provisional Application No. filed (A Preliminary Amendment is attached to reflect this claim in the Specification if not already present.)

This patent application is assigned to AIRSTAR.

The executed Assignment is filed herewith. An Information Disclosure Statement is filed herewith.

Entitlement to small entity status is hereby asserted.

A Preliminary Amendment is filed herewith. Priority of foreign application No. 0210764 filed August 30, 2002 in FRANCE is claimed (35 U.S.C. §119).

A certified copy of the above corresponding foreign application is filed herewith. This application is NOT to be published under 35 U.S.C. 112(b). The undersigned attorney or agent hereby certifies that

the invention disclosed in this application has not been and will not be the subject of an application filed in another country, or under a multilateral international agreement, that requires publication at eighteen months after filing. M

The filing fee is calculated below:

CLAIMS IN THE APPLICATION AFTER ENTRY OF ANY PRELIMINARY AMENDMENT NOTED ABOVE

OTHER THAN A SMALL ENTITY SMALL ENTITY OR

| FOR: | NO. FILED | NO. EXTRA | | RATE | FEE |
|---------------------------------------|-----------|-----------|--|--------|--------|
| BASIC FEE | | | | | \$ 375 |
| TOTAL CLAIMS | 10 - 20 | = 0 | | x 9= | s |
| INDEP CLAIMS | 1 - 3 | = 0 | | x 42 = | \$ |
| ☐ MULTIPLE DEPENDENT CLAIMS PRESENTED | | | | + 140= | \$ |

s 750 OR OR 18 \$ OR 84 \$ OR 280 2 OR TOTAL

RATE

FEE

* If the difference is less than zero, enter "0". \$ 375 TOTAL

Check No. 145464 in the amount of \$375.00 to cover the filing fee is attached. Except as otherwise noted herein. the Commissioner is hereby authorized to charge any other fees that may be required to complete this filling, or to credit any overpayment, to Deposit Account No. 15-0461. Two duplicate copies of this sheet are attached.

Respectfully submitted.

Registration No. 3

Joel S. Armstrong Registration No. 36,430

WPB:JSA/tal